

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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42		/				
43	/					
44						
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53		/				
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97						
98						
99						
100						
TOTAL IND.		10				
TOTAL DEP.		43				
TOTAL CLAIMS		53				

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS